

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



Medical School Library
SEP 20 1937
University of California

STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

GUSTAVE WILSON, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

ROY A. TERRY, M.D., Long Beach

WALTER M. DICKIE, M.D., Sacramento

Executive Officer

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets UNDERHILL 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVI, No. 28

August 7, 1937

GUY P. JONES
EDITOR

New Public Health Laws

Chapter 787. Venereal Disease Control

This act establishes a Bureau of Venereal Diseases in the State Department of Public Health. It requires the State Board of Public Health to make rules and regulations for the prevention and control of venereal diseases and charges the board with the enforcement of such rules and regulations, particularly those relating to the quarantine of persons suspected of having, or those who may have venereal disease. The act enables the State Department of Public Health to establish, maintain and subsidize clinics, dispensaries and prophylactic stations for the diagnosis, treatment and prevention of venereal diseases. Under its provisions the department may furnish treatment for cases in rural districts where adequate facilities for such treatment are not available. Local health officers are required to exert every effort to learn of the existence of cases of infectious venereal diseases, to investigate all cases that are not subject to proper control measures, to ascertain so far as possible all sources of infection and to take reasonably necessary measures to prevent the transmission of infection.

Diseased persons are required to comply with all state rules and regulations and to give all information required by the act and must submit to approved examination to determine the condition of the disease in the individual patient. Patients who discontinue

control measures required by the act and who fail to comply with the requirements for treatment must be reported by the individual or organization providing such treatment. Violations of the act constitute misdemeanors. It is specified that nothing in the act shall be construed to interfere with the freedom of any adherent of a religious sect which depends upon prayer for healing, except that the rules and regulations pertaining to reporting and quarantine must be observed.

Chapter 804. Clinical Laboratories

This act repeals Chapter 638, Statutes of 1935, and provides that after January 1, 1938, each clinical laboratory must be under the immediate supervision and direction of a licensed clinical laboratory technologist, or by the holder of an unrevoked physician's and surgeon's certificate. Every technologist making tests in bacteriology, biochemistry, serology and parasitology, must hold a certificate as a qualified technician in the subject or subjects concerned with the test, as issued by the State Board of Public Health. Definitions are established for clinical laboratory technologists and clinical laboratory technicians. It provides further that after January 1, 1938, all clinical laboratory technologists or technicians must have certificates issued by the State Board of Public Health. Clinical laboratories

operated by nonprofit hospitals, by the State or Federal Government are exempt from the provisions of the act. Provision is made for the collection of fees from applicants for certificates, which are paid into a fund to be known as the clinical laboratory fund. The State Board of Public Health is charged with making regulations for the conduct of the clinical laboratories and their enforcement.

Chapter 49. State Board of Public Health

This act provides for the appointment of an eighth member of the State Board of Public Health, who should be a duly licensed and practicing dentist of this state.

Chapter 530. Sanitation of Trailer Coaches

This act defines a trailer coach, trailer camp and camp site. It provides further for the issuance of permits to applicants who desire to operate or construct trailer camps. Such permits are issued by the Division of Immigration and Housing of the Department of Industrial Relations. Specific requirements are made to cover the following: caretaker, grading and drainage, cleanliness, water supply, sewage disposal, garbage and rubbish disposal and other matters pertaining to general sanitation. The law provides further that no trailer coach shall park overnight within twenty feet of the traveled portions of a public highway. This section of the act shall be enforced by the California Highway Patrol. The provisions of the act do not apply to any supervised public park or camp ground owned or operated by the Federal Government, the State of California or any of its agencies, or by any political subdivision or municipality.

Chapter 882. Nonprofit Hospital

This act adds sections to the Insurance Code, pertaining to nonprofit hospital service. In addition to certain requirements by the State Commissioner of Insurance, it is established that no nonprofit hospital service plan shall be operated by any corporation subject to the provisions of the act, without first having obtained a certificate of approval from the State Department of Public Health. No such certificate can be issued until the applicant has established that the hospitals wherein subscribers to the service are to be hospitalized shall possess adequate physical facilities, mechanical equipment and personnel for care of patients. The department is authorized to make inspections of such hospital premises and receive payment of registration fees not to exceed twenty-five cents per bed, based upon the daily average number of beds, but in no event less than \$15 per hospital. The department is authorized to hold hearings in

order to determine whether or not required hospital standards of service are maintained. Provision is also made for revoking certificates of approval for just cause. The State Commissioner of Insurance shall not issue his certificate of authority to establish or operate a nonprofit hospital service plan until certificates of approval have been issued by the State Department of Public Health.

Chapter 359. Food Sanitation

Under this act, three new sections are added to the Food Sanitation Act of 1909. The first makes it unlawful to sell at retail jams, jellies, preserves, marmalades, peanut butter, horseradish, mayonnaise or salad dressings other than in closed containers approved by the State Board of Public Health. When any other disposition of such foods is conducive to contamination by flies, insects, dust and dirt, except when sold in bulk for manufacturing products.

The second section makes illegal the use or sale of secondhand bottles, glass or crockery food containers used in the manufacture, production, or packing for sale of a food, drug, or liquor except by firms licensed by the California State Board of Public Health to sell such bottles. The board shall require evidence that the applicant is properly equipped to sterilize such containers. It is specified that such container shall be cleaned and sterilized by soaking in a hot, caustic solution of not less than one hundred twenty degrees Fahrenheit, for a period of not less than five minutes and then thoroughly rinsed in pure water.

The third new section prohibits the use of food containers manufactured from secondhand tin plate, to be used for packing of hermetically sealed canned food products for human consumption, unless such plate has been cleansed and sterilized by being thoroughly immersed in the boiling water and then dried on hot rolls or by the use of heated air.

Chapter 609. Physical Examination of School Pupils

A new article is added to the School Code, by which the county superintendent of schools is authorized to employ nurses to supervise the health of pupils in the schools of elementary districts, not employing a nurse as a physical inspector. Such nurses must possess the required credentials and shall perform such duties as are prescribed by the county superintendent of schools. They shall not examine any pupil without the written consent of the parent or guardian.

Chapter 190. Tests for Hearing and Sight

A new section is added to the School Code, which enables school districts to provide for the testing of sight and hearing of each pupil enrolled in the schools of the district. Such tests shall be given only by duly

qualified physical inspectors or by contract with a duly authorized agency. Necessary equipment may be purchased or rented. The State Board of Education, under the provisions of this act may establish in one or more of the state colleges courses for giving adequate instruction in methods of testing sight and hearing of public school pupils.

Chapter 866. Tomatoes

Section 4 of the Pure Foods Act is amended so as to permit the artificial coloring of tomatoes for shipment outside of the state.

Chapter 709. Egg Standardization

The Agricultural Code is amended so as to give the State Department of Public Health jurisdiction to enforce the specified legal standards for eggs.

Chapter 777. Egg Products

This act amends the Agricultural Code so as to require all importers and wholesale distributors of egg products imported into California from without the United States to furnish the State Department of Public Health, within five days after receipt of egg products, a statement showing quantity and kind of egg products received, type of container and place where stored, and within five days after any sale to furnish a statement showing to whom such egg products are sold.

Another section requires public warehouses to keep a record and furnish to the State Department of Public Health, at the end of each month a statement of all foreign imported egg products received during the month. The act specifies, also, that egg products packed in drums or tin containers shall be sold only in new containers. It provides also, that food products in the manufacture of which egg products are used which violate the provisions of the act are public nuisances and shall be moved from place to place only under the direction of a proper enforcing officer.

MALARIA

Malaria has been present in California since 1840 and, at times, has been reported in epidemic proportions. In 1909 the California State Board of Health began surveys of malarial districts and stimulated the organization of local mosquito abatement districts. Legal provision for the establishment of such districts followed in 1915. In 1919 the board carried on an active demonstration in the control of mosquitoes and malaria in one of the northern interior counties. Similar methods of control have been adopted as standard and are now employed in the twenty-five local dis-

tricts now operating with the technical assistance of the board's sanitary engineers. The malaria case rate has fallen from 31.3 in 1919 to 2.7 in 1934. There have been not more than five deaths from the disease, annually, during the past five years. The provision of safeguards against cases imported from other states and countries now constitutes an important attribute in keeping malaria within bounds.

Malaria Mortality Rates for California per 100,000

Population, 1913-1934					
Year	Case rate	Death rate	Year	Case rate	Death rate
1913-----	2.8	2.8	1924-----	2.4	0.54
1914-----	12.1	2.5	1925-----	1.7	0.63
1915-----	17.9	1.5	1926-----	1.9	0.19
1916-----	30.7	1.8	1927-----	1.1	0.30
1917-----	23.7	1.5	1928-----	1.5	0.32
1918-----	20.4	1.7	1929-----	1.8	0.29
1919-----	31.3	0.8	1930-----	1.6	0.21
1920-----	13.7	0.96	1931-----	1.3	0.12
1921-----	7.2	1.14	1932-----	0.8	0.08
1922-----	5.4	0.78	1933-----	1.3	0.05
1923-----	4.7	0.76	1934-----	2.7	0.07

CRIPPLED CHILDREN

The State Department of Public Health began working in the interest of crippled children in October of 1928. The legislature of 1927 made provision for the treatment of physically handicapped individuals who are under 18 years of age. The department became empowered to make surveys and conduct clinics for the purpose of finding crippled children who lacked medical attention for the relief of their physical disabilities. Under this law, parents of such children, upon certification by the judge of the superior court of the county within which they reside, may secure, through the intercession of the State Department of Public Health, competent treatment under the direction of the department, but at the ultimate expense of the county within which the patient resides. Since October of 1928, nearly 1000 crippled children have received treatment under the provisions of this act, and the surveys conducted by the department have located thousands of crippled children within the state. These surveys have resulted in the provision of treatment by a wide variety of agencies without resorting to the use of the Crippled Child Act. Since work under this act has been carried on, home visits or investigations of cases have been made in 51 counties of the state. Repeated visits to hospitals for crippled children, and convalescent homes, and a number of special surveys, particularly of paralyzed children, whose paralysis resulted from widespread epidemics of infantile paralysis, have been made.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
July 31, 1937.

Chickenpox

88 cases: Albany 1, Berkeley 6, Oakland 6, Contra Costa County 3, Fresno County 1, Kings County 1, Los Angeles County 7, Los Angeles 11, Pasadena 6, San Gabriel 2, Santa Monica 1, South Pasadena 1, Hawthorne 2, Yosemite 1, Monterey County 2, Orange County 2, Brea 3, Tustin 2, Sacramento 5, Redlands 1, San Bernardino 1, San Diego County 1, National City 3, San Diego 3, San Francisco 3, San Joaquin County 1, Stockton 2, San Luis Obispo County 1, South San Francisco 2, Santa Barbara 2, San Jose 1, Santa Cruz County 1, Santa Cruz 1, Stanislaus County 1, Davis 1.

Diphtheria

26 cases: Alameda County 1, Berkeley 1, Oakland 2, Fresno County 1, Reedley 1, Kern County 1, Los Angeles County 1, Beverly Hills 1, Los Angeles 4, Monterey 1, Orange County 1, Corona 1, Sacramento 1, San Diego County 1, San Diego 2, Santa Clara County 2, Visalia 2, Yolo County 1.

German Measles

11 cases: Alameda County 1, Alameda 1, Berkeley 2, Hanford 1, Los Angeles County 1, Los Angeles 1, San Diego 1, San Francisco 2, Palo Alto 1.

Influenza

13 cases: Arcadia 2, El Monte 1, Glendale 1, Los Angeles 1, Pomona 1, Brea 4, Riverside 1, Upland 1, Sonoma County 1.

Malaria

6 cases: Los Angeles County 1, Los Angeles 1, San Francisco 1, Santa Clara County 1, Yuba County 1, California 1.*

Measles

41 cases: Fresno 1, Los Angeles County 2, Glendale 1, Inglewood 4, Long Beach 1, Los Angeles 8, Madera County 1, Calistoga 1, Anaheim 1, Fullerton 1, Riverside County 1, Corona 1, Riverside 1, Sacramento 1, Upland 1, San Diego 3, San Francisco 2, San Joaquin County 2, Stockton 3, San Luis Obispo County 1, San Carlos 1, Tulare County 1, Yuba County 2.

Mumps

130 cases: Berkeley 15, Oakland 7, Piedmont 1, Fresno 2, Inyo County 4, Bishop 1, Kern County 1, Los Angeles County 15, Covina 1, Glendale 1, Long Beach 2, Los Angeles 16, Monrovia 1, Whittier 2, Monterey Park 3, Orange County 1, Anaheim 1, Fullerton 1, Riverside County 2, Riverside 1, Sacramento 1, San Bernardino 1, San Diego County 4, Chula Vista 2, San Diego 21, San Francisco 9, San Joaquin County 1, Santa Barbara 1, Santa Clara County 2, Palo Alto 1, Santa Cruz County 1, Santa Cruz 1, Sonoma County 2, Ventura County 4, Ventura 1.

Pneumonia (Lobar)

22 cases: Kern County 1, Los Angeles County 4, Culver City 1, Long Beach 1, Los Angeles 7, Manhattan 1, Perris 1, Riverside 1, Sacramento 1, Escondido 1, San Francisco 1, Santa Cruz County 2.

Scarlet Fever

66 cases: Alameda 1, Oakland 2, San Leandro 1, Kern County 2, Kings County 7, Los Angeles County 3, Arcadia 1, Huntington Park 1, Los Angeles 6, Sierra Madre 1, South Gate 1, Merced County 1, Orange County 1, Anaheim 1, Huntington Beach 1, Sacramento 1, San Bernardino 1, San Diego 2, San Francisco 3, San Joaquin County 3, Stockton 1, San Mateo County 2, Burlingame 1, Redwood City 1, South San Francisco 1, Santa Barbara County 1, Santa Clara County 1, Sierra County 1, Yreka 1, Sonoma County 1, Stanislaus County 9, Tulare County 1, Lindsay 4, Fillmore 1.

Smallpox

9 cases: Berkeley 2, Los Angeles 4, La Mesa 1, San Diego 2.

Typhoid Fever

22 cases: Imperial County 1, Kern County 3, Kings County 4, Los Angeles County 2, Los Angeles 2, Colfax 1, San Bernardino County 1, San Diego County 1, San Diego 2, San Francisco 1, San Joaquin County 1, Burlingame 1, California 2.*

Whooping Cough

385 cases: Alameda 10, Albany 1, Berkeley 6, Oakland 9, Piedmont 1, Calaveras County 2, Colusa County 1, Fresno County 5, Fresno 1, Inyo County 14, Kern County 2, Kings County 4, Hanford 2, Lake County 2, Los Angeles County 26, Alhambra 4, Avalon 11, Compton 1, Glendale 2, Huntington Park 5, Long Beach 3, Los Angeles 93, Pasadena 8, Pomona 1, Redondo 1, San Gabriel 2, San Marino 2, Lynwood 1, South Gate 2, Madera County 1, Marin County 1, Merced County 1, Monterey County 1, Monterey 1, Orange County 1, Brea 14, Fullerton 6, Orange 2, Santa Ana 4, Riverside County 2, Corona 1, Riverside 7, Sacramento County 2, Sacramento 7, San Bernardino County 1, Ontario 5, San Bernardino 3, San Diego County 5, San Diego 19, San Francisco 27, San Joaquin County 8, Manteca 3, Stockton 8, Tracy 3, Hillsborough 1, Santa Barbara County 5, Santa Barbara 3, Santa Clara County

4, San Jose 1, Santa Cruz County 2, Sierra County 2, Sonoma County 2, Petaluma 3, Ventura County 5, Yolo County 2.

Meningitis (Epidemic)

5 cases: Los Angeles 2, Santa Monica 1, Salinas 2.

Dysentery (Amoebic)

One case: Los Angeles.

Dysentery (Bacillary)

17 cases: Fresno County 1, Inyo County 8, Los Angeles County 3, Los Angeles 2, Monterey County 3.

Pellagra

4 cases: Oakland 1, Los Angeles County 1, San Francisco 1, San Luis Obispo County 1.

Poliomyelitis

38 cases: Fresno County 1, Kern County 9, Kings County 1, Lake County 1, Los Angeles County 2, Beverly Hills 1, Huntington Park 1, Los Angeles 6, Pasadena 1, Santa Monica 1, South Pasadena 1, Mendocino County 1, Merced County 1, Sacramento 2, Ontario 1, San Bernardino 1, Upland 2, San Diego 1, San Luis Obispo County 1, Shasta County 1, Sonoma County 1, Tulare County 1.

Tetanus

2 cases: Oakland 1, Madera County 1.

Trachoma

2 cases: Los Angeles 1, San Joaquin County 1.

Encephalitis (Epidemic)

One case: Fresno County.

Paratyphoid Fever

2 cases: Stockton 1, Tulare County 1.

Typhus Fever

One case: California.*

Jaundice (Epidemic)

2 cases: El Dorado County.

Food Poisoning

33 cases: San Francisco.

Undulant Fever

8 cases: Piedmont 1, Los Angeles County 3, Upland 2, San Diego 1, Lodi 1.

Tularemia

One case: Inyo County.

Septic Sore Throat

2 cases: South Gate 1, Santa Ana 1.

Actinomycosis

One case: Del Norte County.

Relapsing Fever

4 cases: El Dorado County 1, Placer County 3.

Rabies (Animal)

47 cases: Fresno County 2, Fresno 1, Hanford 1, Los Angeles County 10, Alhambra 1, Burbank 1, Glendale 1, Inglewood 3, La Verne 1, Long Beach 3, Los Angeles 17, Santa Monica 1, Lynwood 1, South Gate 1, Salinas 1, Upland 1, Stanislaus County 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

The most fruitful experience in life arises when the inquiring mind comes under the influence of the skillful teacher. Some day the student so blessed may look back with wondering gratitude upon the transforming hands once laid upon him.

U S MEDICAL SCHOOL
LIBRARY
BARNASSUS & THIRD AVE
SAN FRANCISCO CALIF